10804771

Application or Docket Number

Effective October 1, 2003											7)/	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN L ENTITY
Ţ	OTAL CLAIM	S	1/2	12				RATE	FEE	٦.	RATE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	EE 385.0		BASIC FE	+
Ţ	OTAL CHARGE	// minus 20=		. 0			XS 9=		7	W212	 	
INDEPENDENT CLAIMS			minus 3 =		. 1					OR	X\$18=	╂
 		NDENT CLAIM		111103 3 =	<i>0</i>			X43=		OR	X86=	↓
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=		OR	+290=	
								TOTAL		OR	TOTAL	270
CLAIMS AS AMENDED - PART II										OTHE	RTHAN	
ř	111105	(Column 1)	т	(Colum				SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total	. 8	Minus	-2	U	- /		X\$ 9=		OR	X\$18=	
	Independent	* (ENTATION OF M	Minus	3	3	=	l	X43=		OR	X86=	
	FINST FRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	
								TOTAL		OR	TOTAL	•
6		(Column 1)		(Colum	ก 2) -	(Column 3)	A	DDIT. FEE		, ,	ADDIT. FEE	
5 1		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSŁY	PRESENT EXTRA	E	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	·	=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	PENDENT C	MAE	-		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
										OR A	TOTAL	
		(Column 1)		(Column	r2)	(Column 3)		DIT. FEE				•
5 -		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**			-	K\$ 9=		OR	X\$18=	
	independent	•	Minus	***		=	\vdash	X43=		~ F		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	\43E		OR	X86=	
		•	•				+	145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3. ***OFTAL ADDIT. FEE												
		ber Previously Paid					ound i	in the app	ropriate box	in colum	nn 1.	•